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ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS  
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NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION  
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**FORM PC-IF**  
**MODIFICATION OF INSTITUTIONAL FUNDS**

AG # \_\_\_\_\_

**I. INSTITUTIONAL FUND DATA**

Name of Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Institutional Fund: \_\_\_\_\_

1) Has the Fund been in existence for twenty years or longer? Yes \_\_\_\_\_ No \_\_\_\_\_

Date the Fund was established: \_\_\_\_\_

2) Is the total value of the Fund less than \$75,000, as determined as of the end of the Institution's last fiscal year? Yes \_\_\_\_\_ No \_\_\_\_\_

Total value of the Fund: \_\_\_\_\_

3) Please indicate whether the Institution is seeking modification pursuant to Administrative Equitable Deviation or Administrative Cy Pres:

Administrative Equitable Deviation \_\_\_\_\_ Administrative Cy Pres \_\_\_\_\_

4) Please provide a statement describing the charitable purposes of the Fund, the restrictions imposed upon the Fund, and the reason for the proposed modification of purpose(s) and/or release of restriction(s). If attaching a longer statement, please check "Yes".  
Yes \_\_\_\_\_ No \_\_\_\_\_

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## II. SIGNATURE REQUIRED

**Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Preparer (print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## III. DOCUMENT SUBMISSION DISCLOSURE

Indicate the documents enclosed in this submission:

a) An Officer's Certificate of Board authorization of the administrative equitable deviation or administrative cy pres, and any transfer of assets?

Yes \_\_\_\_\_ No \_\_\_\_\_

b) A copy of the gift instrument?

Yes \_\_\_\_\_ No \_\_\_\_\_

c) A financial statement for the most recent fiscal year of the Institutional Fund?

Yes \_\_\_\_\_ No \_\_\_\_\_

d) If the funds will be transferred to another institution, an affidavit from the recipient institution consenting to the transfer and to the use of the funds subject to the restrictions?

Yes \_\_\_\_\_ No \_\_\_\_\_

e) Are other documents enclosed in this submission?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so please list:

\_\_\_\_\_  
\_\_\_\_\_